

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000131594

1. Entity Name
FAIR PRICE U.S.A., INC.



Principal Place of Business
**3301 PELL MELL
ORLANDO, FL 32818**

Mailing Address
**3301 PELL MELL
ORLANDO, FL 32818**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2086733

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A. ✓
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

OK. / [Signature]

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SPIEGEL & UTRERA P.A.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000285225
04/02/05-R0036-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGARD, DAVE B 3301 PELL MELL ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANGARD, MAUREEN G 3301 PELL MELL ORLANDO, FL 32818
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

[Signature] **DAVE B. ANGARD**

03/30/05

407-296-2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #